



King-Devick Concussion Screening Test Score Sheet - Version 2

Subject Name/ID Number: _____	Date of Birth: _____
Subject's Baseline Time: _____	Baseline Date: _____
Team/Sport: _____	Glasses/Contacts: _____

Scoring King-Devick Test

When testing, start the timer when the subject reads the first number on the test card and stop the timer when the subject reads the last number on the test card. Continue timing when the subject reads the first number on the second test card and stop the timer when the subject reads the last number on the test card. Repeat for third test card. Do not include the time between completing individual test cards. Total Time is the total testing time for all three test cards combined.

Answer Key Test Card I	Answer Key Test Card II	Answer Key Test Card III
6-7-4-2-5	7-0-1-8-4	1-9-7-4-8
6-0-5-7-9	8-2-0-7-9	8-6-4-2-7
4-0-8-2-3	7-5-6-2-9	7-3-9-6-5
5-3-6-8-7	8-4-3-6-1	2-9-3-7-2
1-8-3-0-6	5-1-0-7-4	5-1-7-6-2
3-1-4-8-5	1-3-0-2-6	9-4-0-2-8
4-2-7-8-5	8-3-5-6-0	1-9-7-8-0
3-7-4-8-1	0-7-5-6-7	3-8-5-3-6

Establishing A King-Devick Test Baseline

*When establishing a Subject's initial Baseline Time, administer the King-Devick Test twice using the scoring instructions above. Use the fastest Baseline Total Time without errors of the two attempts below.**

Baseline Attempt Time #1	Baseline Attempt Time #2	*Subject's Baseline Time
Total Time: _____	Total Time: _____	Total Time: _____
Total Errors: _____	Total Errors: _____	Total Errors: _____
Tester Initials: _____	Tester Initials: _____	Tester Initials: _____

Testing After A Suspected Head Trauma

When testing after a suspected head trauma, the test should be administered once.

If the subject performs **SLOWER** than his/her baseline or has **INCREASED** errors, the subject should be **removed-from-play** and referred to a health care professional for additional evaluation.

If the subject performs **FASTER** than his/her baseline **WITHOUT** errors, the Total Time will become the subject's new Baseline Time.

Date: _____	Date: _____	Date: _____
Total Time: _____	Total Time: _____	Total Time: _____
Total Errors: _____	Total Errors: _____	Total Errors: _____
Tester Initials: _____	Tester Initials: _____	Tester Initials: _____
Comments: _____	Comments: _____	Comments: _____



King-Devick Concussion Screening Test Score Sheet - Version 1

Subject Name/ID Number: _____	Date of Birth: _____
Subject's Baseline Time: _____	Baseline Date: _____
Team/Sport: _____	Glasses/Contacts: _____

Scoring King-Devick Test

When testing, start the timer when the subject reads the first number on the test card and stop the timer when the subject reads the last number on the test card. Continue timing when the subject reads the first number on the second test card and stop the timer when the subject reads the last number on the test card. Repeat for third test card. Do not include the time between completing individual test cards. Total Time is the total testing time for all three test cards combined.

Answer Key Test Card I	Answer Key Test Card II	Answer Key Test Card III
2-5-8-0-7	3-7-5-9-0	5-4-1-8-0
3-7-9-4-6	2-5-7-4-6	4-6-3-5-9
5-3-1-6-4	1-4-7-6-3	7-5-4-2-7
7-9-7-3-5	7-9-3-9-0	3-2-6-9-4
1-5-4-9-2	4-5-2-1-7	1-4-5-1-3
6-5-5-7-3	5-3-7-4-8	9-3-4-8-5
3-1-8-6-4	7-4-6-5-2	5-1-6-3-1
5-3-7-5-2	9-0-2-3-6	4-3-5-2-7

Establishing A King-Devick Test Baseline

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Baseline Attempt Time #1	Baseline Attempt Time #2	*Subject's Baseline Time
Total Time: _____	Total Time: _____	Total Time: _____
Total Errors: _____	Total Errors: _____	Total Errors: _____
Tester Initials: _____	Tester Initials: _____	Tester Initials: _____

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If the subject performs **FASTER** than his/her baseline **WITHOUT** errors, the Total Time will become the subject's new Baseline Time.

Date: _____	Date: _____	Date: _____
Total Time: _____	Total Time: _____	Total Time: _____
Total Errors: _____	Total Errors: _____	Total Errors: _____
Tester Initials: _____	Tester Initials: _____	Tester Initials: _____
Comments: _____	Comments: _____	Comments: _____